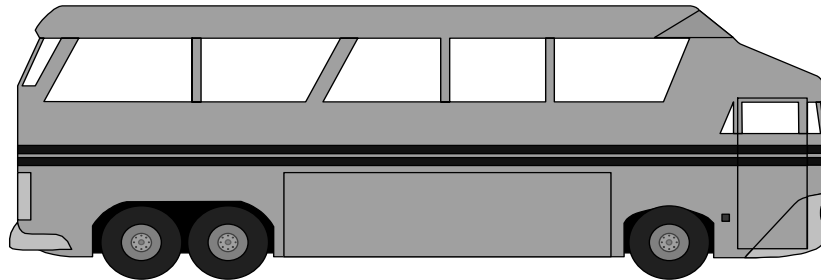




WEST WINDSOR TOWNSHIP
DIVISION OF RECREATION AND PARKS
P.O. Box 38
West Windsor, NJ 08550
(609) 799-6141
www.wwparks-recreation.com

PRIME TIME PROGRAM - 2017

FOR STUDENTS ENTERING
GRADES 7 THROUGH 9
IN SEPTEMBER 2017
@ GROVER MIDDLE SCHOOL



PROGRAM INFORMATION AND
REGISTRATION PACKET

ONLINE REGISTRATION AVAILABLE AT

www.wwparks-recreation.com

(starting Monday, February 27)

TWO (2) OVERNIGHT TRIPS

**PROGRAM SPACE LIMITED TO FIRST 45
REGISTRANTS PER WEEK**

Prime Time TENTATIVE Trip Schedule 2017

Camp Hours are 9:00 am to 4:00 pm unless otherwise noted

Week 1 \$350	July 10 Tomahawk Lake	11 Dorney Park 8:00am-5:00pm	12 Get Air (Freehold)/Lunch at Mall	13 Island Beach State Park	14 Medieval Times
Week 2 \$425	July 17 Sahara Sam's	18 Edge Sports Center (Flemington)	19 Hershey Park	20 Whitewater Rafting	21 Ninja Warrior Training
OVERNIGHT TRIP					
Week 3 \$350	July 24 Six Flags Great Adventure	25 Tubing & Lunch 8:00am-5:00pm	26 Asbury Park Paddleboarding & Pinball	27 Morey's Pier 9:00am-6:00pm	28 Outdoor Laser Tag & Bowling
Week 4 \$425	August 1 Pedals & Paddles	2 Breakwater Beach & Mini Golf	3 Club Getaway	4 Club Getaway	5 Dave & Buster's
OVERNIGHT TRIP					

Prime Time is for students entering grades 7, 8 & 9 in September 2017

Camp meets at Grover Middle School

PRIME TIME PROGRAM - 2017

Please take the time to read all of the information provided for you. If you have any additional questions, call the Recreation Office at 799-6141, Monday through Friday, 9:00 am to 5:00 pm.

Camp Location:	Grover Middle School
Length:	Four, one-week sessions beginning July 10 and ending August 4
Hours:	9:00 am to 4:00 pm, some extended days for longer trips
Fees:	\$350 per week for Weeks 1 & 3 \$425 per week for Weeks 2 & 4 (overnight trip weeks)

PROGRAM CAPACITY is limited to the first 45 7th, 8th & 9th graders per each week and is filled on a first come, first served basis. Anyone registering after capacity is met will be placed on a waiting list.

PROGRAM DESCRIPTION

The program will consist of age appropriate trips to a variety of destinations, including various recreational and sports facilities, amusement parks, professional sporting events and other exciting and unique attractions.

DROP OFF AND PICK UP POLICY

The program will be held from 9:00 am to 4:00 pm unless otherwise specified. Most trips have specific time frames and it is therefore imperative that your child arrives to camp on time. Parents who are late in picking up their children will first receive a verbal warning. Additional offenses will result in the following fines:

- Up to 15 minutes late: \$10.00
- Up to 30 minutes late: \$20.00
- Up to 45 minutes late: \$40.00
- Up to 1 hour late: \$50.00

Fines must be paid to the Recreation and Parks Office prior to the next day of camp. Continued violations of this policy will result in the withdrawal of the child from the camp with no refunds of fees paid.

FOOD

Refrigerators will not be available. Your child's lunch should be labeled with your child's name and should be **peanut free**.

BRINGING PERSONAL ITEMS TO CAMP

The Division of Recreation and Parks assumes no liability for items brought from home and does not encourage participants to bring in items from home. The Division of Parks and Recreation will not make any type of restitution for missing or damaged items.

MEDICATION

All campers who require medication must be able to self medicate. The camp staff will not administer medicine. If your child requires medication during camp, please notify the camp staff in writing. Please indicate the type of medicine, dosage, and camper's name and phone number on the container.

BEFORE/AFTER CAMP CARE

Before and after camp care may not be available for this program. Call West Windsor-Plainsboro Community Education at 716-5030 for information regarding before/after camp care.

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271 CLARKSVILLE ROAD, P.O. BOX 38
WEST WINDSOR, NEW JERSEY, 08550

2017 PRIME TIME PROGRAM REGISTRATION FORM

Child's Name _____ Parent's Email Address _____

Home Phone: _____ Parent's Work Phone: _____ Cell # _____

Street Address: _____
city state zip

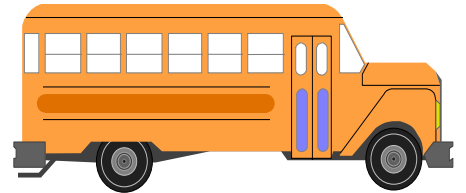
Date of Birth: ___/___/___ Sex: ___ Age: ___ Grade Entering In September 2017: _____

Emergency Contact Person: _____ Phone: _____

REGISTRATION

Please check the appropriate week(s) for which you are registering:

Week 1 _____	July 10-July 14	\$350.00
Week 2 _____	July 17-July 21 (Hershey Park Overnight)	\$425.00
Week 3 _____	July 24-July 28	\$350.00
Week 4 _____	July 31-August 4 (Club Getaway Overnight)	\$425.00



Photo/Video/Audio Authorization and Release

I hereby consent that photographs, audios, and videos taken of my child during West Windsor programs may be used by West Windsor for purposes of event documentation, media coverage and promotion of West Windsor programs. Names of students may also be published.

Check One: Yes _____ No _____ Parent Signature _____

Payment & Refund/Transfer Policy: I am aware that absolutely no refunds will be issued after May 12. Refunds will only be issued if the Recreation and Parks Office is notified in writing prior to May 12. All refunds are subject to a 20% administration service charge. **A \$10 transaction fee will be applied to each transfer of funds paid.**

Signature of Parent or Guardian of Participant

Date

Mail this form and payment along with payment to:
West Windsor Recreation, PO Box 38, West Windsor, NJ 08550

2017 PRIME TIME PROGRAM DISCIPLINE POLICY

1. Participants must obey all rules of the program as mandated by the Program Supervisor. The rules will be explained at the start of each week.
2. Failure to obey the rules will result in disciplinary measures as follows:
 - First offense, a verbal warning will be given to the participant
 - Second offense, written reprimand will be given to the parents of the participant
 - Third offense, participant will be removed from the program with no refund of fees paidNote: A participant will be removed from the program after the first offense if the incident is of a serious nature and is recommended by the Program Supervisor.
3. Smoking is prohibited at all times, both at the program site and on all trips.
4. Profanity will not be tolerated at any time.
5. Use of alcohol, drugs or chemicals is prohibited. Participants found to be under the influence of any drugs, chemicals or alcohol will be immediately terminated from the program.
6. Failure to follow the rules while on a bus will result in appropriate disciplinary measures being taken against the participants.
7. Disrupting activities at the program site will result in appropriate disciplinary measures being taken against the participants.
8. Fighting will not be tolerated. Appropriate disciplinary measures will be taken against the participants.
9. Vandalism of school property will not be tolerated. Immediate termination will result if a participant is found to be guilty of this offense.
10. Failure to obey a directive from a staff member will result in appropriate disciplinary measures being taken against the participant.
11. If a participant is removed from the program due to disciplinary infractions, **there will not be any refund of fees paid.**

PARENT/PARTICIPANT AGREEMENT

We have read the above Discipline Policy for Participants of the Prime Time Program and fully understand what is stated in this policy. The participant agrees to follow all of the rules of the program as set forth by the Program Director and understands the consequences of inappropriate conduct. The parent of the participant understands that there will be no refund of fees paid if the participant is removed from the program due to disciplinary action.

Participant's Name: _____
(PLEASE PRINT)

Signed _____
Parent/Guardian of Participant Signature of Participant Date

Signatures of both the participant and the parent is mandatory. No student will be allowed to participate without a signed form. This form must be submitted to the Recreation Office prior to the start of the session enrolled in.

EMERGENCY INFORMATION SHEET

This form is to be completed by the parent(s) of the camper. The information requested will be kept on file at the camp in case of an emergency, accident or illness. This completed form must be returned to the Recreation and Parks Office prior to the start of the camp session enrolled in. If your child is registered for multiple sessions, you only need to complete this form once. No camper will be permitted to enter camp without the completed form being received in the Recreation and Parks Office. Please do not take form to camp. Drop off or mail to Recreation and Parks Office. Thank you for your cooperation in this important matter.

PLEASE PRINT OR TYPE:

Camper's Name _____ Grade (as of 9/17) _____
Last First MI

Sex ___M ___F Date of Birth _____ / _____ / _____ Home Phone: _____
Month Day Year

Address: _____
Street Town Zip

Father's Name _____ Work/Cell Phone #: _____

Mother's Name _____ Work/Cell Phone #: _____

Emergency Contact Person: _____ Phone: _____

NOTE: Please no answering machine telephone #'s. Contact person should be someone other than the parents who can be reached in an emergency and can take care of the child if he or she becomes ill during a camp day.

Allergies _____

List any health related problems or concerns your child may have that the camp staff should be aware of: _____

My child will be picked up by (Please list all individuals that may pick up your child): _____

PARENT/GUARDIAN AUTHORIZATION To the best of my knowledge, the information recorded above is correct and complete. I give my permission for my child to participate in all camp activities, except as specifically noted herein. In the event that I can not be reached in an emergency, I hereby give permission to the Princeton Medical Center or other local hospital/medical center to administer emergency treatment, and to order injection, anesthesia or surgery for my child. I further give my permission to release any information to the Princeton Medical Center or other local hospital/medical center in order for treatment of my child. If there is a change in the above information, I will notify the Recreation Office promptly in writing.

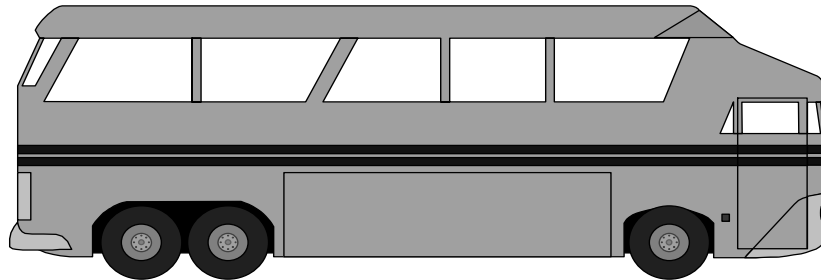
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OVERNIGHT TRIP					
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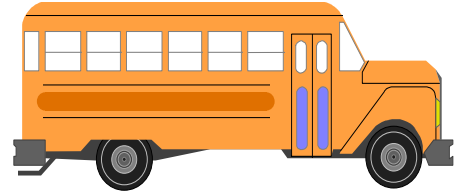
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(PLEASE PRINT)

Signed _____ _____ _____
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Camper's Name _____ Grade (as of 9/17) _____
Last First MI

Sex ___M ___F Date of Birth ___/___/___ Home Phone: _____
Month Day Year

Address: _____
Street Town Zip

Father's Name _____ Work/Cell Phone #: _____

Mother's Name _____ Work/Cell Phone #: _____

Emergency Contact Person: _____ Phone: _____

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Signature of Parent or Guardian _____ Date: _____